

The Older Americans Act (OAA) of 1965, as amended, established a supportive services and nutrition services program for older Americans. It also created a national network of offices on aging, known as the "Aging Network". The purpose of the Network is to assist older adults to meet their physical, social, mental health, and other needs and to maintain their well-being and independence.

The U.S. Administration on Aging (AoA) heads the Aging Network at the federal level. Under the leadership of the Assistant Secretary for Aging, AoA is the agency that administers the OAA and awards Title III, IV, VI, and VII funds to the states and monitors and assesses state agencies which administer these funds.

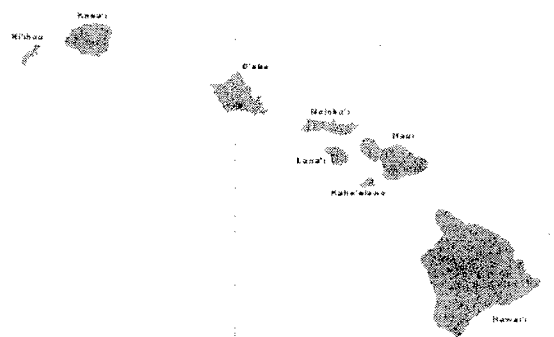
State Unit on Aging: the Executive Office on Aging (EOA) is the designated lead agency in the network at the State level. EOA is responsible for administering the OAA in Hawaii. EOA is the state agency responsible for developing a State plan to be submitted to the Assistant Secretary for Aging, administering the State Plan, and is primarily responsible for planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the OAA.

Chapter 349 of the Hawaii Revised Statutes established the Policy Advisory Board for Elderly Affairs (PABEA). This Governor-appointed citizens committee assists EOA by advising on the views of older consumers, service providers and others in

the field of aging concerning all matters of general policy in the development and administration of programs on aging, and in connection with all matters related to the development of comprehensive and coordinated service networks for older persons.

Area Agencies on Aging (AAA): The OAA requires the EOA to divide the State into planning and service areas (PSAs) for the purposes of planning, development, delivery, and the overall administration of services. EOA designated each of the counties of the State – namely, Kauai, Honolulu, Maui and Hawaii – as planning and service areas. Kalawao County of the island of Molokai, under the administrative jurisdiction of the State Department of Health, is included in the Maui PSA.

- PSA #1: County of Kauai
- PSA #2: City and County of Honolulu
- PSA #3: County of Maui
- PSA #4: County of Hawaii



The following agencies have been designated by the EOA as AAA:

- Kauai Agency on Elderly Affairs
Offices of Community Assistance
County of Kauai
4444 Rice Street, Suite 330
Lihue, Hawaii 96766
Kealoha Takahashi, Director
Telephone: (808) 241-6400
- Elderly Affairs Division
Department of Community Services
City and County of Honolulu
715 South King Street, Suite 200
Honolulu, Hawaii 96813
Karen Miyake, Director
Telephone: (808) 768-7705
- Maui County Office on Aging
Department of Housing and Human
Concerns
County of Maui
200 South High Street, Room 420
Wailuku, Hawaii 96793
John Tomoso, Director
Telephone: (808) 270-7755
- Hawaii County Office of Aging
County of Hawaii
101 Aupuni Street, Room 342
Hilo, Hawaii 96720
Alan Parker, Director
Telephone: (808) 961-8600.

The AAA are the leaders relative to all aging issues on behalf of older persons in the PSA. AAA are responsible for implementing the OAA at the local level.

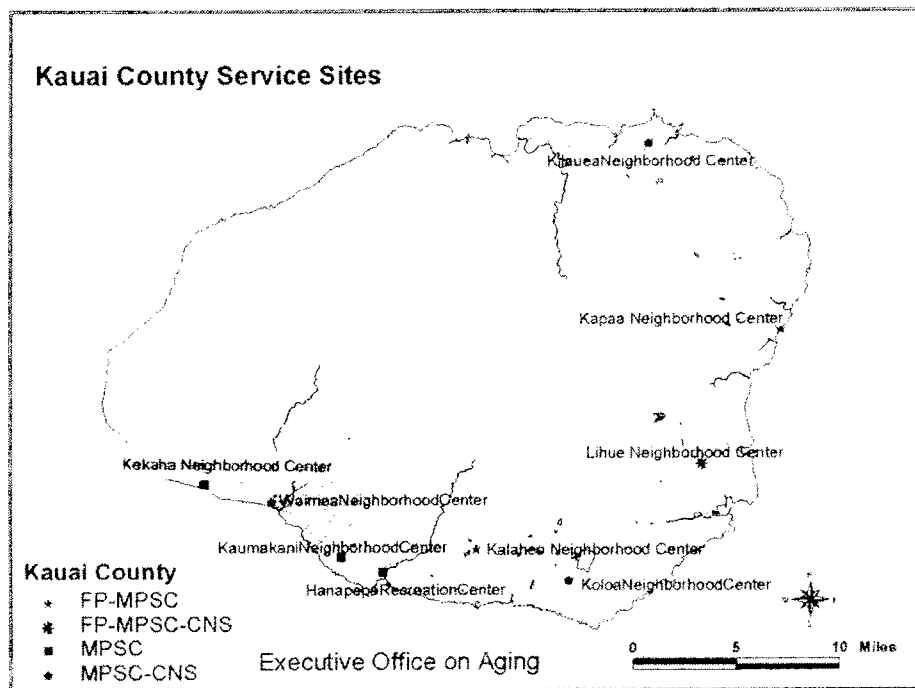
They carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development of a comprehensive and coordinated system of services to meet the needs of all older individuals in the PSA. Each AAA has an advisory council to advise the agency on: developing and administering the area plan, conducting public hearings, representing the interests of older persons, and receiving and commenting on all community policies, programs, and actions which affect older persons.

Service Providers: The Aging Network also includes organizations that provide direct services to older adults; are higher education institutions; and receive funds from the OAA.

Service Recipients: These are older adults 60 years of age and older and their caregivers to whom the Aging Network serves.

Aging Network operations: EOA receives funds from the AoA under Title III of the OAA. Based on an approved intrastate funding formula, these funds are allocated to the four AAA. EOA also receives funds from the State Legislature for aging services. These funds are also allocated to the AAA. The AAA contract Federal and State funds to a network of service providers who deliver a range of services at the local level. In addition, EOA receives Title VII funds from the OAA and other federal grants to carry out elder rights and benefits programming.

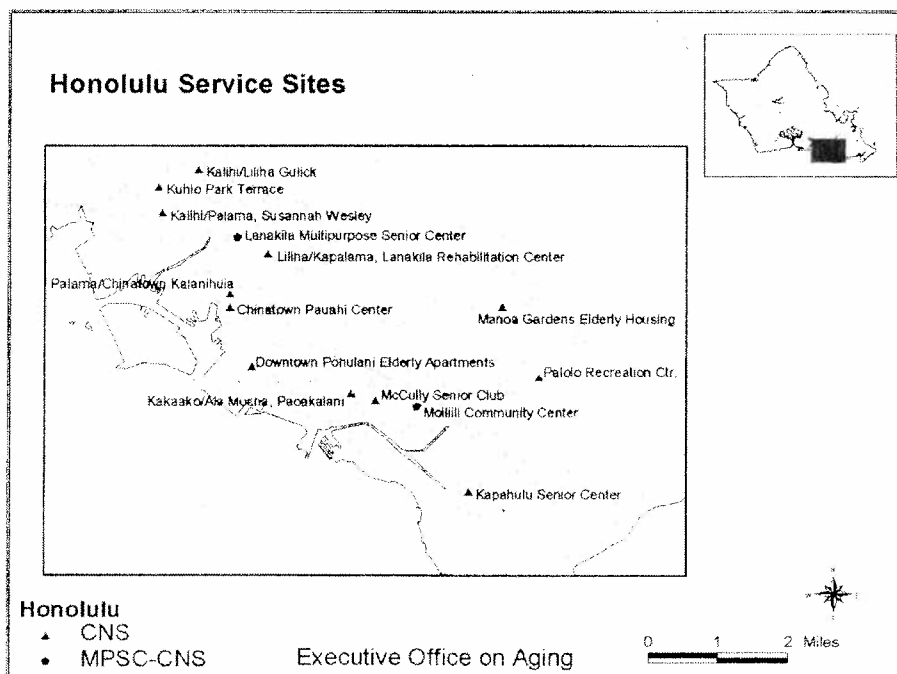
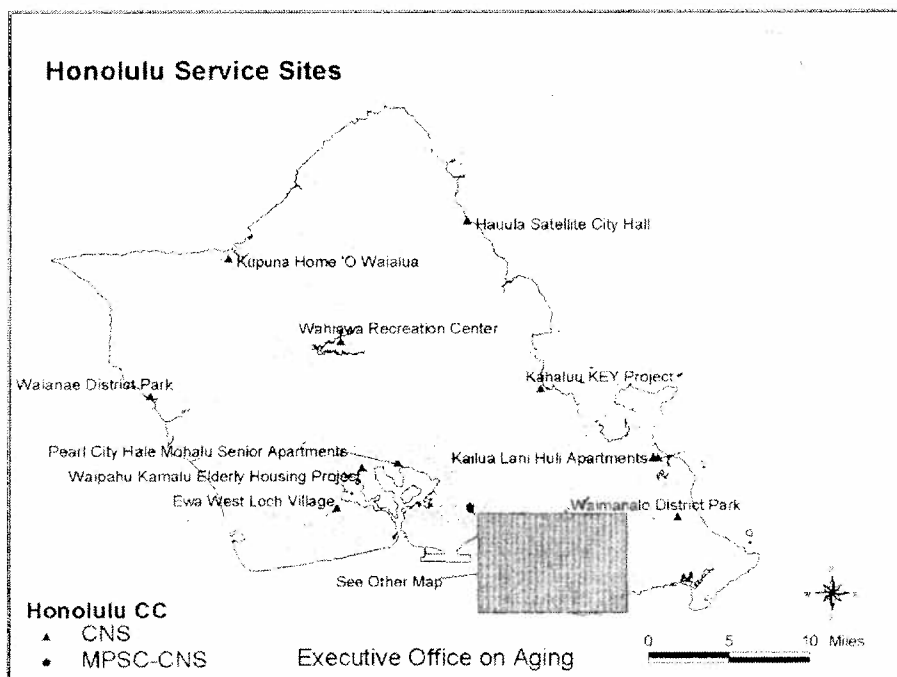
Accessing Services: Older adults and their families can tap into aging programs and services through focal points – access points where individuals can receive information, assistance, and supportive services. The AAA serve as focal points. In addition, there are other focal points available in the community. The following provides a geographic review of focal points, multipurpose senior centers, and nutrition sites.



<i>Focal Points</i>		<i>Area Served</i>
Kapaa Neighborhood Center	4491 Kou Street, Kapaa, HI 96746	Hanalei, Kawaihau
Lihue Neighborhood Center	3353 Eono Street, Lihue, HI 96766	Kawaihau, Lihue, Koloa
Kalaheo Neighborhood Center	4480 Papalina Road, Kalaheo, HI 96741	Koloa, Waimea

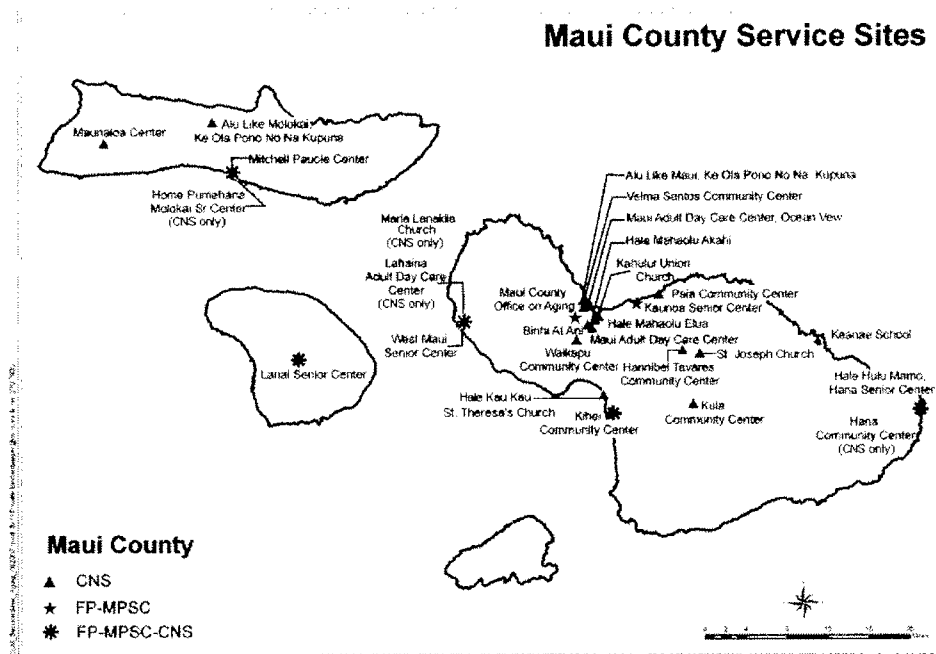
<i>Multi-Purpose Centers</i>		<i>Area Served</i>
Kilauea Neighborhood Center	2460 Keneke Street, Kilauea, HI 96754	Hanalei
Kapaa Neighborhood Center	4491 Kou Street, Kapaa, HI 96746	Kawaihau
Lihue Neighborhood Center	3353 Eono Street, Lihue, HI 96766	Lihue
Koloa Neighborhood Center	3461 Weliweli Road, Koloa, HI 96756	Koloa
Kalaheo Neighborhood Center	4480 Papalina Road, Kalaheo, HI 96741	Koloa
Hanapepe Recreation Center	4451 Puolo Road, Hanapepe, HI 96716	Waimea
Kaumakani Neighborhood Center	2301 Kaumakani Road, Kaumakani, HI 96747	Waimea
Waimea Neighborhood Center	4556 Makeke Road, Waimea, HI 96796	Waimea
Kekaha Neighborhood Center	8130 Elepaio Road, Kekaha, HI 96752	Waimea

<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Kilauea Neighborhood Center	2460 Keneke Street, Kilauea, HI 96754	Hanalei
Lihue Neighborhood Center	3353 Eono Street, Lihue, HI 96766	Lihue
Koloa Neighborhood Center	3461 Weliweli Road, Koloa, HI 96756	Koloa
Kalaheo Neighborhood Center	4480 Papalina Road, Kalaheo, HI 96741	Koloa
Hanapepe Recreation Center	4451 Puolo Road, Hanapepe, HI 96716	Waimea
Kaumakani Neighborhood Center	2301 Kaumakani Road, Kaumakani, HI 96747	Waimea
Waimea Neighborhood Center	4556 Makeke Road, Waimea, HI 96796	Waimea
Kekaha Neighborhood Center	8130 Elepaio Road, Kekaha, HI 96752	Waimea



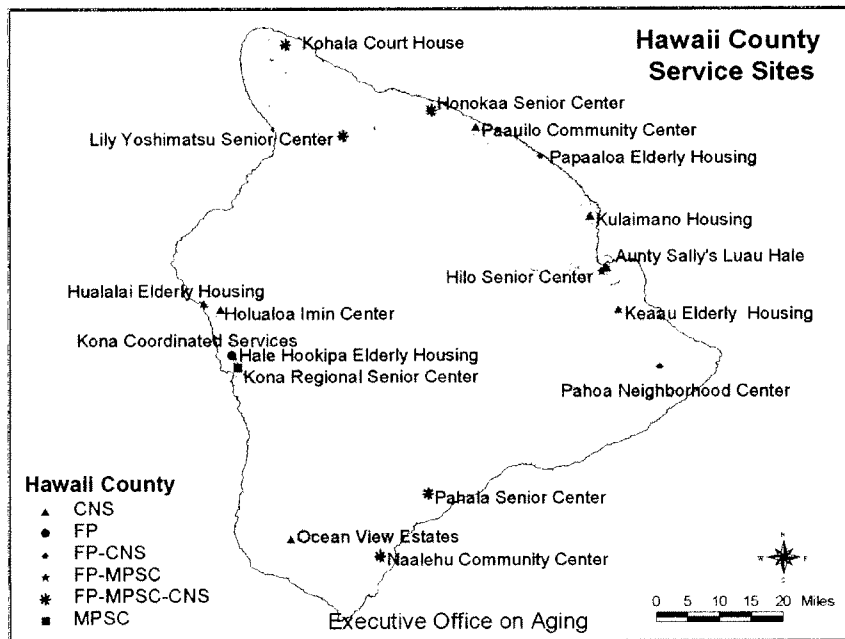
<i>Multi-Purpose Senior Center</i>		<i>Area Served</i>
Moiliili Community Center	2535 South King Street, Honolulu, HI 96826	Moiliili-McCully, Manoa-Makiki
Lanakila Multipurpose Senior Center	1640 Lanakila Avenue, Honolulu, HI 96817	Nuuuanu-Punchbowl-Kalihi-Palama-Chinatown

<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Gulick	1846 Gulick Avenue, Honolulu, HI 96819	Honolulu
Kalaniihulia	1220 Aala Street, Honolulu, HI 96817	Honolulu
Lanakila Multipurpose Senior Center	1640 Lanakila Avenue, 96817	Honolulu
Lanakila Rehabilitation Center	1809 Bachelot Street, Honolulu, HI 96817	Honolulu
Moiliili Community Center	2535 South King Street, Honolulu, HI 96826	Honolulu
Palolo Recreation Ctr.	2007 Palolo Avenue, Honolulu, HI 96816	Honolulu
Paoakalani	1583 Kalakaua Avenue, Honolulu, HI 96826	Honolulu
Pauahi Center	171 North Pauahi, Honolulu, HI 96817	Honolulu
Kapahulu Senior Center	3410 Campbell Avenue, Honolulu, HI 96815	Honolulu
Kuhio Park Terrace	1545 Linapuni Street, Honolulu, HI 96819	Honolulu
Susannah Wesley	1117 Kaili Street, Honolulu, HI 96819	Honolulu
Pohulani Elderly Apartments	626 Coral, Honolulu, HI 96813	Honolulu
Manoa Gardens Elderly Housing	2790 Kahaloa Drive, Honolulu, HI 96822	Honolulu
Hale Mohalu Senior Apartments	800 Third Street, Pearl City, HI 96782	Pearl City
Kamalu/Ho'olulu Elderly Housing Project	94-941 Kauolu Place, Waipahu, HI 96797	Waipahu
Wahiawa Recreation Center	1139A Kilani Avenue, Wahiawa, HI 96786	Wahiawa
Waianae District Park	85-601 Farrington Highway, Waianae, HI 96792	Waianae
Kupuna Home 'O Waialua	67-088 Goodale Avenue, Waialua, HI 96791	North Shore
Hauula Satellite City Hall	54-010 Kukuna Street, Hauula, HI 96717	Ko'olau Loa
Kahaluu KEY Project	47-200 Waihee Road, Kaneohe, HI 96744	Kahaluu
Lani Huli Apartments	25 Aulike Street, Kailua, HI 96734	Kailua
Waimanalo District Park	41-415 Hihimanu Street, Waimanalo, HI 96795	Waimanalo
West Loch Village	91-1472 Renton Road, Ewa Beach, HI 96706	Ewa Beach
McCully Senior Citizen Club	2015 Kapiolani Blvd. Honolulu, HI 96826	Honolulu



<i>Focal Points and Multi-Purpose Senior Centers</i>		<i>Area Served</i>
Hale Hulu Mamo, Hana Senior Center	5101 Uakea Road, Building G Hana, HI 96713	Hana, Nahiku
Kaunoa Senior Center	401 Alakapa Place Paia, HI 96779	All of Maui
Maui County Office on Aging	200 South High Street, 4th Floor Wailuku, HI 96793	County-wide
Mitchell Pauole Center	Ala Moana Street Kaunakakai, HI 96748	Molokai
Lanai Senior Center	7 th Street Lanai, HI 96763	Lanai
Kihui Community Center	Lipoa Street Kihui, HI 96753	Kihui, Maalaea, Wailea, Makena
West Maui Senior Center	778 Pauoa Street Lahaina 96761	Honolua, Napili, Kaanapali, Lahaina
<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Alu Like Maui, Ke Ola Pono No Na Kupuna	717 Makaala Drive Wailuku, 96793	Central Maui, Paia, Pukalani, Kihui
Alu Like Molokai, Ke Ola Pono No Na Kupuna	Hoolehua, HI 96729	Islandwide
Binhi At Ani	780 Onehee Avenue Kahului, HI 96732	Kahului
Hale Kaukau - St. Theresa Church	25 W. Lipoa Street Kihui HI, 96753	Congregate Meals - All Areas HD Meals - Kihui

<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Hale Mahaolu Akahi	300 West Wakea Avenue Kahului, HI 96732	Akahi Tenants and Kahului
Hale Mahaolu CHSP Meals Program	200 Hina Avenue Kahului, HI 96732	Akahi & Elua Tenants
Hale Mahaolu Elua	200 Hina Avenue Kahului, HI 96732	Elua Tenants and Kahului
Hana Community Center	1501 Uakea Road Hana, HI 96713	Hana, Nahiku
Hannibal Tavares Community Center	91 Pukalani Street Pukalani, HI 96768	Pukalani
Home Pumehana/Molokai Senior Center	Kolapa Place Kaunakakai, HI 96748	Home Pumehana Tenants and Kaunakakai, Hoolehua, Kualapuu
Kahului Union Church	101 W. Kamehameha Avenue Kahului, HI 96732	Kahului
Kaunoa Senior Center	401 Alakapa Place Paia, HI 96779	Maui County
Kearnae School	Kearnae, HI 96708	Kearnae
Kihei Community Center	Lipoa Street Kihei, HI 96753	Kihei, Maalaea, Wailea, Makena
Kula Community Center	Lower Kula Road Kula, HI 96790	Kula, Keokea
Lanai Senior Center	7 th St. Lanai City, HI 96793	Lanai
Maria Lanakila Church	712 Wainee Street Lahaina, HI 96761	Homeless Shelter
Maui Adult Day Care Center	11 Mahaolu Kahului, HI 96732	Clients only
Maui Adult Day Care Center - Lahaina	Lahainaluna Road Lahaina, HI 96761	Clients only
Maui Adult Day Care Center - Ocean View	Kahului Beach Road Kahului, HI 96732	Clients only
Maunaloa Center	Maunaloa Road Maunaloa, HI	West End Molokai
Mitchell Pauole Center	Ala Malama Street Kaunakakai, HI 96748	Kaunakakai, Hoolehua, Kualapuu
Paia Community Center	Hana Highway Paia, HI 96779	Paia, Kuau
St. Joseph Church	Makawao, HI 96768	Homeless Shelter
Velma Santos Community Center	Makakoa Place Wailuku, HI 96793	Wailuku
Waikapu Community Center	22 E. Waiko Road Waikapu, HI 96793	Waikapu
West Maui Senior Center	778 Pauoa Street Lahaina, HI 96761	Honolua, Napili, Kaanapali, Lahaina



<i>Focal Points</i>		<i>Area Served</i>
Hilo Senior Center	127 Kamana Street, Hilo, HI 96720	South Hilo
Papaaloa Elderly Housing	35-1994 Government Main Rd. Papaaloa, HI 96780	North Hilo
Honokaa Senior Center	45-540 Koniaka Place, Honokaa, HI 96727	Hamakua
Lily Yoshimatsu Senior Center	67-1199 Mamalahoa Hwy, Kamuela, HI 96734	South Kohala
Kohala Senior Center (Kohala Court House)	54-3900 Akoni-Pule Hwy, Kapaau, HI 96755	North Kohala
Kona Coordinated Services	81-951 Haleki'i Street, Kealahou, HI 96750	North/South Kona
Naalehu Community Center	95-5635 Mamalahoa Hwy, Naalehu, HI 96772	Kau
Pahala Senior Center	96-1183 Holei Street, Pahala, HI 96777	Kau
Pahoa Neighborhood Center	15-2910 Puna Road, Pahoa, HI 96778	Puna

<i>Multipurpose Senior Center</i>		<i>Area Served</i>
Hilo Senior Center	127 Kamana Street, Hilo, HI 96720	South Hilo
Honokaa Senior Center	45-540 Koniaka Place, Honokaa, HI 96727	Hamakua
Lily Yoshimatsu Senior Center	67-1199 Mamalahoa Hwy, Kamuela, HI 96734	South Kohala
Kohala Senior Center (Kohala Court House)	54-3900 Akoni-Pule Place, Kapaau, HI 96755	North Kohala
Kona Regional Senior Center	82-6148 Mamalahoa Hwy, Capt. Cook, HI 96704	South Kona
Naalehu Community Center	95-5635 Mamalahoa Hwy, Naalehu, HI 96772	Kau
Pahala Senior Center	96-1183 Holei Street, Pahala, HI 96777	Kau
<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Aunt Sally's Luau Hale	799 Piilani Street, Hilo, HI 96720	South Hilo
Kulaimano Housing	28-2947 Kumula Street, Papaikou, HI 96781	South Hilo
Papaaloa Gym Annex	35-1994 Government Main Road, Papaaloa, HI 96780	North Hilo
Hale Hookipa Elderly Housing	81-1038 Nani Kupuna Street, Kealahou, HI 96750	South Kona
Hualalai Elderly Housing	75-256 Hualalai Road, Kailua-Kona, HI 96745	North Kona
Holualoa Imin Center	76-5877 N Kona Belt Road, Keauhou, HI 96739	North Kona
Ocean View Estates	92-8924 Leilani Circle Makai, Ocean View, HI 96737	Kau
Paauilo Community Center	43-977 Gym Road, Paauilo, HI 96776	Hamakua
Honokaa Senior Center (Hale Hauoli Elderly Housing)	45-540 Koniaka Place, Honokaa, HI 96727	Hamakua
Keaau Elderly Housing	16-189 Pilimua Street, Keaau, HI 96749	Puna
Pahoa Neighborhood Center	15-2910 Puna Road, Pahoa, HI 96778	Puna
Lily Yoshimatsu Sr. Center	67-1199 Mamalahoa Hwy, Kamuela, HI 96734	South Kohala
Kohala Senior Center (Kohala Courthouse)	54-3900 Akoni-Pule Place, Kapaau, HI 96755	North Kohala
Naalehu Community Center	95-5635 Mamalahoa Hwy, Naalehu, HI 96772	Kau
Pahala Senior Center	96-1183 Holei Street, Pahala, HI 96777	Kau

The strategies for the next four years are aimed at addressing the six major issue areas identified earlier. The strategies subscribe to the general framework drawn from the Older Americans Act (OAA), as amended in 2006, the U.S. Administration on Aging's goals and strategies for *Choices for Independence*, Chapter 349, Hawaii Revised Statutes Goals, and the *Governor's Long Term Living Initiative*.

In response to the 2006 Amendments to OAA, the U.S. Administration on Aging developed its goals for 2007 and 2012. The goals are to:

- Empower older people and their families to make informed decisions about, and be able to easily access existing home and community-based options.
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services including supports for family caregivers.
- Empower older people to stay active and healthy through Older Americans Act services including evidence-based disease and disability prevention programs.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The U.S. Administration on Aging is leading efforts across the nation to rebalance the long term care systems and offers as a blueprint, *Choices for Independence*. *Choices* promotes consumer-directed and community-based long term care options:

- Empowering consumers to make informed decisions about their care options.
- Helping consumers who are at high-risk of nursing home placement, but not yet eligible for Medicaid, to remain in their own homes and communities through the use of flexible service models, including consumer-directed models of care.
- Building evidence-based prevention into our community-based systems for services and enabling older people to make behavioral changes that will reduce their risk of disease, disability, and injury.

The ***Governor's Long Term Living Initiative*** is aimed at improving the quality of life of Hawaii's elderly and disabled populations with the goals of:

- Preserving independence
- Allowing individuals to remain in appropriate settings of their choice
- Providing sufficient infrastructure.

The concept of long term living embodies healthy lifestyles, making choices, maintaining independence, taking personal responsibility for one's own long term care needs, and having quality years of life.

The initiative is comprised of three tiers:

1. Infrastructure and projected long term care needs. Projecting the services that Hawaii will need is critical in planning to meet those needs. Measuring how effective different approaches are in meeting identified needs is necessary for success.
2. Finance. Examining the cost of long term care services and how they can be made more affordable is a key component of the plan. In addition, educating families on the importance of planning for their future to ensure dignity and choice in available services is also critical.
3. Workforce development. To increase the number of certified nurse aides (CNAs), the front line providers in long term care, the Department of Health developed a CNA training and apprenticeship program aimed at increasing the number of qualified caregivers. A significant component of this category is supporting family caregivers who play a critical role in allowing many of our family members to remain at home, through training and improving access to information on available services, including respite care.

As a result of much discussion, EOA and AAA adopted the theme of “Designing Livable Communities for An Aging Society” and are moving forward to pursue the following goals.

Hawaii’s Goals:

1. Hawaii’s communities have the necessary economic, workforce, and physical capacity for an aging society.
2. Older adults and their caregivers have access to information and an integrated array of health and social supports.
3. Older adults are active, healthy, and socially engaged.
4. Families are supported in caring for their loved ones.
5. Older adults have in-home and community-based long term care options.
6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

Designing Livable Communities for an Aging Society

Goals	Strategies
1. Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.	<p>1-1 Partner to prepare for the future.</p> <ul style="list-style-type: none"> • Business development • Workforce development • Healthy built environments • Transportation. <p>1-2 Partner with stakeholders to ensure overall well being of older adults in time of disaster.</p> <p>1-3 Partner with Department of Health and stakeholders to ensure that Hawaii's residents plan for a long life.</p>
2. Older adults and their caregivers have access to information and an integrated array of health and social supports.	Develop statewide resource center that provides citizen-centered "one-stop" entry to array of health and social supports.
3. Older adults are active, healthy, and socially engaged.	<p>3-1 Implement evidence-based disease prevention interventions.</p> <p>3-2 Partner to reduce falls among older adults.</p> <p>3-3 Partner to increase awareness on Medicare Preventive Benefits.</p> <p>3-4 Partner with the Department of Health and stakeholders to increase support for older adults with mental health issues.</p>
4. Families are supported in caring for their loved ones.	Establish comprehensive and sustainable, community based family caregiver support system.
5. Older adults have in-home and community-based long term care options.	<p>5-1 Re-examine and transform Kupuna Care as part of long term care systems reform.</p> <p>5-2 Continue to offer nutrition and supportive services.</p> <p>5-3 Develop consumer-directed long term care options.</p>
6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.	<p>6-1 Partner to develop a comprehensive elder justice system.</p> <p>6-2 Advocate for older adults in long term care facilities.</p> <p>6-3 Develop a cadre of trained long term care ombudsman volunteers.</p> <p>6-4 Partner with stakeholders to enroll individuals in appropriate plans.</p> <p>6-5 Partner with stakeholders to prevent fraud, waste and abuse.</p> <p>6-6 Partner with stakeholders to develop culturally appropriate materials to target hard to reach populations.</p>

Goal 1: Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.

Strategy 1-1: Partner to prepare for the future.

Designing Livable Communities for the Future: To better prepare for Hawaii's aging society and future, the Executive Office on Aging and the four County Area Agencies on Aging -- Kauai Agency on Elderly Affairs, Elderly Affairs Division, Maui County Office on Aging, and Hawaii County Office of Aging joined forces to expand the dialogue between public and private sectors, non-profit organizations, and community.

*-Is your community a good place to grow up and grow old?
-Will your community meet your needs when you are 65, 75, 85, 95 or even 105?
-If not, what can you do now to begin to make your community a livable community for all ages?*

State and county aging offices convened a statewide planning team led by Co-Chairs Dr. Dolores Foley, University of Hawaii Department of Urban and Regional Planning, and Carol Kikkawa-Ward (Former Chair, Plans and Project Review Committee, Policy Advisory Board of Elderly Affairs) to organize a **Conference on Designing Livable Communities for an Aging Society** on November 15, 2006, at the East-West Center. Over 150 individuals from across the state attended, including representatives from government, policy makers, private sector, experts in transportation, housing, planning, and the community.

Sandy Markwood, CEO of National Association of Area Agencies on Aging, served as keynote speaker and asked participants three critical questions:

Participants joined one of many workgroups (health, human services, and public safety; housing and land use; recreation, education, and civic engagement; transportation; and workforce and economic development) to discuss the range of critical issues facing Hawaii's aging society and to make recommendations for actions/strategies.

Following the work group deliberations, participants were asked to join their respective county teams and "huddle" on how best to prepare for the future. Each county team was asked: What are opportunities for collaboration? Who else needs to be in discussion? Who will take leadership? The teams then decided on meeting dates to follow up.

Objective:

1. By October 2007, AAA and County partners will meet to address priority issues.
2. By November 2007, EOA and partners will co-sponsor and conduct the Second Annual Conference on Designing Services for a Livable Community.

Business Development:

Needs and demands for aging services continue to increase across the State. With the aging of the baby boomers, service demands will likely be different from familiar traditional services of today. Efforts need to be taken to “grow” new business models and innovative services to meet future needs.

Objectives:

1. By November 2007, EOA, AAA will partner with the Department of Business, Economic Development and Tourism, Department of Commerce and Consumer Affairs, University of Hawaii, and network of business assistance and loan program agencies, to understand the issues relating to developing new businesses and innovations in the aging and long term care market.
2. By 2011, older adults and caregivers will have an array of innovative services to meet their changing needs.

Workforce Development:

There is a shortage of qualified workers in the health and long term care industries. The Hawaii Department of Health in partnership with Hawaii Department of Labor and Industrial Relations, Hawaii Department of Human Services, and the U.S. Department of Labor worked together to address the critical shortage of caregivers and chronic turnover of long term care employees. Under the U.S. Department of Labor grant, the Department of Health is implementing a certified nurse aide program and apprenticeship program.

Objective:

1. On an ongoing basis, EOA will collaborate with DOH to support the sustainability of the CNA training and apprenticeship program.

Healthy Built Environments: In

September 2006, the Department of Health created the Built Environment Working Group (BEWG) to develop a cross-programmatic effort within the Department that would address the public health impacts of the community built environment. The working group is dedicated to improving the health and safety of Hawaii's residents by promoting community design policies and practices that reduce suburban sprawl and auto-dependency; promote walking, biking and transit as safe, pleasant and accessible transportation options for all people and all ability levels; promote social networks; and preserve open space.

Transportation: Transportation is a means by which older adults maintain their independence and self sufficiency. Having the ability to get from place to place is critical to ensuring self sufficiency.

Rural older adults do not have access to public transportation. According to area plans on aging, transportation ranks among the top priority service needs identified by older adults, their caregivers, and providers of services. EOA and AAA want to be assured that transportation services are responsive to the needs of older adults today and aging baby boomers of tomorrow.

Objectives:

1. On a regular basis, EOA will collaborate with the Department of Health's BEWG to promote safe, healthy, and equitable community built environments.
2. By December 2007, EOA will participate in building the BEWG's knowledge on designing livable communities for older adults.
3. By December 2007, EOA will work with BEWG to identify priority policy targets and actions to be addressed for an aging society.

Objectives:

1. By December 2007, EOA, in partnership with the State Department of Transportation, will work closely with the AAA to assess the needs of older adults for transportation services.
2. By December 2008, EOA and AAA will participate in local and statewide transportation coordination meetings.
3. By 2011, older adults will have a range of transportation options.

Pedestrian Safety: Hawaii ranks number 1 with the highest pedestrian fatality rate for individuals 65 years and older in the nation.

Objectives:

1. On an ongoing basis, EOA and AAA will participate in the State Department of Transportation planning processes to ensure that the State Highway Safety Plan includes strategies to reduce older adult pedestrian casualties in the state.
2. On an on-going basis, EOA will collaborate with the State Department of Transportation in implementing the State Highway Safety Plan.

Strategy 1-2: Partner with stakeholders to ensure overall well being of older adults in time of disaster.

Preparing for Disasters: The State disaster assistance planning committee for special needs populations has determined that individuals need to plan and prepare for themselves. Especially vulnerable are individuals who are living alone and have no natural support system to rely on to help prepare for or deal with disasters that are severe enough to cripple the State's and Counties' infrastructures.

Pursuant to OAA Sec 307(a)(30), the Executive Director of EOA is participating in the DOH Interagency Work Group on Emergency Preparedness of Persons with Disabilities and Special Health Needs and will work closely with the DOH and Civil Defense in the development, revision, and implementation of emergency preparedness plan.

Special Needs: The Department of Health and EOA are working closely with State Civil Defense in addressing special needs population. Significant attention is being given to educate Adult Residential Care Home (ARCH) providers on emergency preparedness.

Objectives:

1. By December 2007, EOA will examine the County Emergency Preparedness and Response Plans pertaining to older adults.
2. By December 2007, in partnership with the Department of Health and Civil Defense will identify gaps in planning and response.
3. By December 2008, EOA will work closely with the Department of Health and Civil Defense in the development of long-range emergency preparedness plans.

Objectives:

1. By October 2007, the Department of Health will execute a Memorandum of Agreement with State Civil Defense to educate ARCH providers on emergency preparedness and evacuation planning.
2. By October 2007, Disaster Preparedness Toolkits will be developed for ARCH providers.
3. By July 2008, all ARCH providers will have increased understanding on evacuation planning.
4. By July 2008, DOH and State Civil Defense data systems will have information on ARCH's evacuation plans and sheltering capability.

Strategy 1-3: Partner with Department of Health and stakeholders to ensure that Hawaii's residents plan for a long life.

Planning for Long Term Living:

Hawaii's residents enjoy the benefits of a long life – they have the longest life expectancy in the nation. Yet, many are not prepared to adequately address the issues related to longevity and long term care.

Individuals need to be prepared for longevity, long term care, and its potential impact on family life and resources.

Objectives:

1. By December 2008, the EOA and DOH will work together to design a public education initiative aimed at preparing individuals for a long life and long term care.
2. By June 2009, partners will implement a public education initiative on planning for long term living and long term care.
3. By December 2010, individuals will be better prepared for a long life and long term care needs.

Goal 2: Older adults and their caregivers have access to information and an integrated array of health and social supports.

Strategy: Develop statewide resource center that provides citizen-centered “one-stop” entry to array of health and social supports.

Aging and Disability Resource Centers (ADRC) provide accurate and unbiased information on all services and programs for older adults or persons with a disability. Under the U.S. Administration on Aging (AoA) and Centers for Medicare and Medicaid Services *Aging and Disability Resource Center Grant Program*, EOA is working closely with the AAA to create a single, coordinated system of information and access for all persons. The ADRC serves as a one-stop-shop for information and resources to enable individuals to make informed decisions.

ADRC serves as a catalyst to system transformation through collaborative efforts between AoA and Centers for Medicare and Medicaid Services. It is intended to improve coordination of services and programs for older adults and persons with disabilities. The ADRC:

- Integrates a comprehensive array of information, intake and referral, and counseling services;
- Expands service provisions to private pay and non-elderly clients;
- Helps individuals become aware of the importance of planning ahead for long term care and of available resources to assist in such planning.

Objectives:

1. By September 2009, all of Hawaii’s AAA will have a comprehensive inventory of services available to aging and disability networks.
2. By September 2009, all of Hawaii’s AAA will have a work plan for an efficient information access system.
3. By September 2010, all of Hawaii’s AAA will have the infrastructure to establish an ADRC.
4. By October 2010, each county AAA will operate an ADRC.
5. By October 2010, older adults, persons with disabilities, and their caregivers in each of the counties will have increased understanding of ADRC and know what number to call for help.
6. By October 2010, older adults, persons with disabilities, and their caregivers in each of the counties will have increased understanding of the need to plan for long term care and who to call for help.

Goal 3: Older adults are active, healthy, and socially engaged.

Strategy 3-1: Implement evidence-based disease prevention interventions.

Hawaii Healthy Aging Partnership: This statewide partnership including public and private sector organizations and community is dedicated to improving the health status of older adults through increased physical activity and improved nutrition. With a grant from the U.S. Administration on Aging to EOA, the Healthy Aging Partnership is implementing two evidence-based interventions across the State:

- *Enhance Fitness (EF) Program:* A stretching, flexibility, balance, low impact aerobics, and strength training exercise program.
- *Chronic Disease Self Management Program (CDSMP):* A self-management program for chronic health problems.

Objectives:

1. By October 30, 2007, the Kauai County Agency on Elderly Affairs and Hawaii County Office on Aging will have a cadre of instructors certified in Enhance Fitness (EF) program.
2. By October 30, 2007, the City and County of Honolulu's Elderly Affairs Division and the Maui County Office on Aging will have a cadre of individuals certified in the Chronic Disease Self Management Program (CDSMP).
3. By October 30, 2007, Aging Service Providers will have the skills to implement the EF program or the CDSMP.
4. By July 31, 2009, the EF program will be replicated with fidelity in the County of Kauai and County of Hawaii.
5. By July 31, 2009, the CDSMP will be replicated with fidelity in the City and County of Honolulu and County of Maui.
6. By 2011, EF program and CDSMP will be embedded into the Aging Network.

Strategy 3-2: Partner to reduce falls among older adults.

Falls and fall related injuries of the elderly population impose an enormous burden on individuals, society and Hawaii's health care system. In Hawaii, falls are the leading cause of fatal injuries and injury-related hospitalizations for seniors 65 and older.

The Injury Prevention and Control Program (IPCP) is the Department's focus for injury prevention in communities throughout the state, and fall prevention is one of its priorities. The Hawai'i Fall Prevention Consortium was formed in 2003 with support and leadership from the IPCP of the Hawai'i Department of Health. Its purpose is to provide organizations, professionals, caregivers, advocates and interested individuals the opportunity to network, share information and collaborate on projects that reduce the incidence and severity of fall injuries among older adults.

In the Hawaii Injury Prevention Plan the three goals of fall prevention are:

- Enhance public awareness that falls are preventable and promote actions that reduce the risk of injury.
- Increase availability and accessibility of fall prevention programs statewide for caregivers and the elderly on how to prevent falls and effectively use community resources.
- Expand the role of medical and health care professionals in screening, educating, and referring elderly to fall prevention programs.

Objectives:

1. EOA will collaborate, on an ongoing basis, with the Falls Consortium by helping to oversee the development and implementation of the three goals of fall prevention.
2. On an ongoing basis, EOA will collaborate with the Falls Consortium to educate the public on actions that prevent falls.
3. The EOA will assist the Falls Consortium and the IPCP to identify additional resources, organizations and programs to be included in the Fall Prevention Resource Guide.

Strategy 3-3: Partner to increase awareness on Medicare Preventive Benefits.

Preventive Benefits: The Medicare Modernization and Improvement Act of 2003 lays the foundation for older persons and their caregivers to better understand their health care options and prevention benefits, including the prescription drug benefit and prevention services.

Death and illness related to influenza and pneumonia often can be prevented through vaccinations. Malignant neoplasms are one of the leading causes of death among older adults in Hawaii. Two major approaches exist to address this: 1) prevent it from occurring and 2) detect it early. Older adults need to take advantage of the prevention benefits including immunization (flu and pneumococcal shots) and health screening (cardiovascular and diabetes screenings, smoking cessation counseling).

Objectives:

1. On an annual basis, the Centers for Medicare and Medicaid Services, DOH, and Sage PLUS partnership will conduct a statewide public awareness campaign to increase awareness and utilization of preventive benefits including Medicare Part D.
2. On an on-going basis, Sage PLUS will conduct educational sessions with older adults to encourage beneficiaries to speak to healthcare providers about the preventive benefits available to them.

Strategy 3-4: Partner with the Department of Health and stakeholders to increase support for older adults with mental health issues.

Mental Health: Mental illness is a silent epidemic and public health problem with insufficient resources to meet the community's needs. In particular, adults age 60 and older are underserved by community mental health providers, a situation which will become more severe with the demographic shifts occurring. Evidence exists on the effectiveness of treatment for mental illness; however, current treatment is not reaching those most in need. Under a Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Mental Health Services (CMHS) grant awarded to the Department of Health's Adult Mental Health Division (AMHD) branch, Project OASIS (Older Adults Specialized Information Services) was created to increase the capacity of the State to provide specialized and enhanced mental health and social services to people 60 years of age and older.

Preventive Benefits: Older adults with mental health issues need to have access to Medicare Part D's prevention benefits.

Objectives:

1. EOA will continue to participate on the Project OASIS Advisory Council to increase the capacity of the State to provide specialized and enhanced mental health and social services to people 60 years of age and older.
2. EOA will continue to participate in the Project OASIS Advisory Council's operational planning processes for the duration of the project.
3. EOA will continue to support Project OASIS implementation activities.
4. By 2009, EOA and Project OASIS will see increases in the number of collaborations between mental health and older adult service providers.

Objectives:

1. By September 2008, service providers will have increased understanding of Medicare Part D's health care options and prevention benefits through Sage PLUS public education initiatives.
3. By September 2008, family members and individuals will have increased understanding of Medicare Part D's health care options and prevention benefits through Sage PLUS public education initiatives.

Goal 4: Families are supported in caring for their loved ones.

Strategy: Establish comprehensive and sustainable, community based family caregiver support system.

In 2001, EOA began planning processes to establish a caregiver program in Hawaii, known as the *Caregivers Resource Initiative*. The goal is to assist and enhance caregiver support efforts at State and local levels through partnership and collaboration with various stakeholders to develop caregiver resources, increase access to information, and increase support for caregivers.

The Hawaii State Legislature in 2006 recognized family caregivers as an important component in the health and long term care system, and established the Joint Legislative Committee on Family Caregiving under Act 285, Session Laws of Hawaii 2006. The purpose of the Joint Legislative Committee is to develop public policy to strengthen support for family caregivers by establishing a comprehensive and sustainable community-based family caregiver support system that maximizes resources in all communities. Valid and reliable data on the needs of family caregivers and care recipients are critical to the development of public policy.

Objectives:

1. By November 2007, EOA will submit a research report on the *needs of grandparents raising grandchildren* in Hawaii to the Joint Legislative Committee on Family Caregiving.
2. By November 2007, EOA will submit a research report *on tax credits to caregivers* to the Joint Legislative Committee on Family Caregiving.
3. By January 2008, the Joint Legislative Committee on Caregiving will complete a comprehensive assessment of the needs of family caregivers and care recipients.
4. By January 2009, EOA and stakeholders will develop strategies for the establishment of comprehensive and sustainable, community based family caregiver support system.
5. By 2011, the Hawaii State Legislature will adopt policy to strengthen support for family caregivers by establishing a comprehensive and sustainable community- based family caregiver support system.

Goal 5: Older adults have in-home and community based long term care options.

Strategy 5-1: Re-examine and transform Kupuna Care as part of long term care systems reform.

Kupuna Care (KC) is a state funded long-term care program created to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. The program provides in-home and community-based services including adult day care, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care. To be eligible, an individual must be a U.S. citizen or legal alien 60 years of age or older, not covered by any comparable government or private home and community-based services and not residing in an institution.

According to the Report to the Twenty-Fourth Legislature State of Hawaii, 2007, as required by Senate Concurrent Resolution 115, older adults, regardless of disability, want to live at home for as long as possible supported by family and a comprehensive system of home and community-based long term care services. The report's recommendations included: expanding resources and funding for Kupuna Care and other home and community based services, and, streamlining State and County procedures on procurement, licensing, certification, and contracting. These recommendations may encourage new businesses to enter the market.

KC must be transformed to be a viable and cost effective program responsive to the needs and preferences of older adults, and promotes community living.

Objectives:

1. By June 30, 2008, EOA and AAA will have a strategic plan that transforms KC to be a viable and cost effective program responsive to the needs and preferences of older adults, and promotes community living.
2. By June 2009, EOA and AAA will update KC service standards.
3. By July 2009, EOA and AAA will pilot the transformed KC.
4. By December 2010, EOA and AAA will complete the evaluation of the pilot.
5. By July 2011, EOA and AAA will fully implement the transformed KC.

Strategy 5-2: Continue to offer nutrition and supportive services.

Title III Nutrition and Supportive Services

Title III of the OAA provides for nutrition and supportive services, which includes access (transportation, health including mental health, outreach, information and assistance, and case management), in-home, and community-based services. EOA receives funds from AoA under Title III of the OAA. Based on an approved Intrastate Funding Formula, these funds are allocated to the four AAA. The AAA then contract with service providers who deliver a variety of services to older adults.

Objectives:

AAA objectives are shown in Appendix B.

Strategy 5-3: Develop consumer-directed long term care options.

Flexible Service Models and Consumer-Directed or Self-Directed Long Term

Care offer individuals who are at high-risk of institutionalization the option to manage funds from government sources. Flexible and consumer-directed models of care offer more choices to individuals. This model empowers individuals to use their funds and make their own decisions on the types of care they receive and the way in which it is provided.

Objectives:

1. By November 2007, EOA will prepare a report on the Cash and Counseling Model to be submitted to Joint Legislative Committee on Family Caregiving.
2. By September 2008, EOA and AAA will examine various options (flexible service models) for long term care, including the Cash and Counseling Model.
3. By September 2009, EOA and AAA will pilot a self-directed long term care program to ensure that consumers have control over the care they receive.
4. By December 2010, EOA and AAA will evaluate the self-directed program to determine its merits in enabling an individual to remain in their own home and community for as long as possible.
5. By October 2011, EOA and AAA will implement a self-directed program statewide if evaluation results show favorable outcomes.

Goal 6: Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

Strategy 6-1: Partner to develop a comprehensive elder justice system.

Comprehensive Elder Justice System:

There is a need to develop comprehensive elder justice system for preventing, detecting, and addressing elder abuse, neglect, and exploitation.

Objective:

1. By September 2008, EOA will convene public, private sectors, and community to create a strategic plan for a comprehensive elder justice system.
2. By January 2009, a strategic plan for a comprehensive elder justice system will be developed.
3. On an on-going basis, EOA, AAA and other stakeholders will partner to implement the plan for comprehensive elder justice system.

Strategy 6-2: Advocate for older adults in LTC facilities.

Long Term Care Ombudsman (LTCO):

The LTCO counsels, advocates and responds to complaints and problems on behalf of residents of nursing homes, adult residential care homes, and assisted living facilities. The LTCO works with various organizations and residents to improve the quality of a LTC resident's life by providing information, referrals, and consultations to families, service providers and the general public. The LTCO also works with licensing and certification agencies to improve quality of care in the LTC facilities.

Objectives:

1. On an annual basis, the LTCO will respond to complaints related to LTC facility and care home residents within 72 hours.
2. On an annual basis, older adults, family members, and the community will know who to call to protect the rights of residents in LTC facilities and care homes.
3. By January 2008, the Hawaii State Legislature adopts policy regarding the LTCOP consistent with the Older American Act, as amended.
4. By July 2008, the LTCO will have a plan to expand support across the state in protecting the rights of residents in LTC settings.

Strategy 6-3: Develop a cadre of trained LTCO Volunteers.

Long Term Care Ombudsman Volunteer Program (LTCOVP)

The Purpose of the Long Term Care Ombudsman Volunteer Program is to assist the office of the LTCO in meeting the requirements stated in the OAA, as amended:

Trained and certified volunteers in the Hawaii LTCO Program are designated as representatives who have the capability and responsibility of supporting, educating, and empowering individuals with information to protect themselves from abuse, neglect and exploitation and advocate for their rights and quality of life.

Objectives:

1. By January 2008, the LTCOP, EOA, AAA and community stakeholders will establish a partnership to ensure residents are informed of their rights and protected from abuse, neglect and exploitation.
2. By September 2008, the LTCOP, EOA, AAA and community stakeholders will partner and create a plan for recruiting, training and supporting volunteers to speak on behalf of residents in long term care settings.
3. By September 2009, there will be at least one LTCO Volunteer Representative for each nursing facility and assisted living facility in the state to advocate on behalf of residents.
4. By September 2011, older adults residing in LTC settings will be informed of their rights, benefits and services as a result of the LTCO Volunteer Representatives.

Strategy 6-4: Partner with stakeholders to enroll individuals in appropriate plans.

Sage PLUS is the Hawaii designated State Health Insurance Assistance Program (SHIP). The program is a volunteer peer based organization with two full-time staff and volunteers in each county and is supported by a grant from the Centers for Medicare and Medicaid Services. The program goals are to provide information and assistance to members with Medicare (186,000 in the State), their families, caregivers and agencies throughout the State. Certified volunteer counselors provide one-on-one assistance, either through the dedicated hotline or face-to-face sessions. Volunteers also provide assistance at community presentation, health and community fairs and other events to provide information to Medicare members. Sage PLUS partners with a network which includes programs and services for both the elderly and disabled populations to provide current information about the benefits available to those with Medicare.

Objectives:

1. On an annual basis the Sage PLUS Program, Hawaii's SHIP will provide training for interested staff of aging and disability program network organizations to become trained and certified as SHIP Counselors or SHIP liaison members.
2. On an annual basis, Hawaii SHIP will increase partner participation through MOAs/MOUs in each county by 5 percent.
3. On an annual basis, Sage PLUS will provide at least two trainings to aging and disability program network organizations per County (at least one trainings will be in a rural community) on how to compare and enroll members with Medicare in appropriate health and drug plans.
4. On an annual basis, Sage PLUS will partner with aging and disability program network organizations to conduct local public events during Medicare annual enrollment periods. (Provide at least two events per county, with at least one in a rural locality. For those counties that consist of more than one island, there will be at least one event per island.)

Strategy 6-5: Partner with stakeholders to prevent fraud, waste and abuse.

SMP Hawaii (SageWatch Program) is aimed at educating seniors about preventing Medicare and Medicaid fraud, error and abuse. SMP Hawaii develops formal partnerships with law enforcement agencies, consumer advocates, and public and private sectors to prevent healthcare fraud and related crimes.

Objectives:

1. By October 2007, a Senior Fraud Squad (one squad in each county) will be established to educate older adults on the prevention of consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
2. By December 2007, the Kupuna Financial Exploitation Task Force (KFETF), a statewide partnership with law enforcement, consumer advocacy, and public and private sector agencies, will be established with Memorandum of Understandings to prevent consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
3. By July 2008, KFETF will have a strategic plan to identify and address problems of consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
4. By December 2009, KFETF will develop a comprehensive statewide hotline to respond to consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
5. On an annual basis, the SMP Hawaii program will see a 5% increase in the number of beneficiaries educated on consumer, financial, and Medicare/Medicaid fraud, waste and abuse.

6. By 2011, SageWatch will have 100 volunteers trained and certified to provide educational sessions for beneficiaries.

7. By 2011, older adults will have increased understanding on consumer, financial, and Medicare/Medicaid fraud, waste and abuse.

Strategy 6-6: Partner with stakeholders to develop culturally appropriate materials to target hard to reach populations.

Preliminary data indicate that Native Hawaiian, Pacific Islander, and Southeast Asian populations are vulnerable to healthcare fraud schemes due to language and cultural barriers. **SMP Hawaii** is giving special attention to address this issue. SMP Hawaii in partnership with Alu Like, Inc. will develop advisory councils on each island across the state to address the financial victimization of Kupuna (older adults.). In addition, SMP Hawaii is partnering with Kokua Kalihi Valley Health Center to educate Southeast Asian and Pacific Island communities on Oahu.

Objectives:

1. By October 2007, the SMP Advisory Council on each island will have an outreach plan for consumer, financial, and Medicare/Medicaid fraud, waste and abuse of Kupuna.
2. By July 2008, each SMP Advisory Council will implement its outreach plan on preventing consumer, financial, and Medicare/Medicaid fraud, waste and abuse of Kupuna.
3. By October 2007, SageWatch in partnership with Kokua Kalihi Valley Health Center (KKV) will develop educational campaign for Southeast Asian and Pacific Island communities on consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
4. By December 2007, KKV will translate and test culturally appropriate materials for dissemination among ethnic communities on consumer, financial, and Medicare/Medicaid fraud, waste and abuse on Kupuna.
5. By December 2009, SageWatch and KKV will have a cadre of Southeast Asian and Pacific Island volunteers (10 from each targeted population: Native Hawaiian, Filipino, Samoan, and Micronesian) trained to educate individuals on consumer, financial, and

Medicare/Medicaid fraud, waste and abuse.

6. By September 2010, older adults from ethnic communities will have increased understanding on preventing consumer, financial, and Medicare/Medicaid fraud, waste, and abuse.

Targeting Services – The Next Four Years

With respect to older individuals with the greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), EOA, through all designated AAA, will conduct the Title III program under the OAA in such a manner as to ensure that this target group will be given service preference.

Methods used for giving preference to this targeted population includes:

- The State's Intrastate Funding Formula for allocating Title III funds includes factors and appropriate weights which reflect the proportion among the planning and service areas of targeted older populations.
- Each area plan submitted by an AAA for approval by the State agency, provided assurances that the AAA will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, including specific objectives for providing services to low-income minority individuals, and including proposed methods of carrying out the preferences in the area plan.
- Each agreement made with AAA under this title includes a requirement that sub-contractors of service will specify how they intend to satisfy the service needs of greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- Each AAA developed and published methods by which priority of services is determined. Such methods included factors that affirmatively provide service preference to meeting service needs of older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, and older individuals residing in rural areas).
- EOA's area plan guidelines and format instructed AAA to include specific objectives relating to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and older individuals at risk for institutional placement.

- EOA's area plan guidelines and format instructed AAA to describe the methods used to target services to reach older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), older individuals at risk for institutional placement, and Native Americans.
- EOA's area plan guidelines and format instructed AAA to describe the AAA previous years targeting methods, including describing the characteristics of older individuals (the number) with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), older individuals at risk for institutional placement, and Native Americans; and the extent to which AAA met the objectives described.
- EOA continues to work closely with AAA minority issues coordinators in targeting services and monitoring the AAA activities.

With respect to Native American individuals service needs, the EOA, through all designated AAA, will conduct the Title III programs under the OAA, as amended in 2006, in such a manner as to ensure that this target group will be met.

- Each area plan submitted by an AAA for approval by the State agency, provide assurances that the AAA will pursue activities to increase access by older individuals who are Native Americans to all aging program and benefits provided by the agency, including programs and benefits under Title III, if applicable.
- The AAA will establish working relationships with other public and private agencies and organizations working on behalf of Native Americans toward gaining their assistance in identifying problems, and inform such agencies and organizations of their availability of service under area plans.
- The State thru its Healthy Aging Partnership – Empowering Elders project is replicating the Chronic Disease Self Management Program thru Alu Like, Inc. to address health issues of Native Hawaiians

Targeting Services – The Previous Year, 2006

According to the Bureau of Census 2000, over 15,000 persons 60 years of age and older were below poverty, representing 7.4% of the total elderly population. Minority older adults who were below the low-income level were 7.7 %. Subscribing to the U.S. Bureau of Census, 16,130 older adults reside in rural areas. Applying the AoA State Performance Reporting definition, there are nearly 49,000 older adults residing in rural areas.

The following methods were used to satisfy the service needs of low-income minority individuals and those residing in rural areas.

- The State included in its uniform area plan format the criteria for determining funding priorities. One of the criteria was that low income minority older adults are targeted.
- The State included in its uniform area plan format instructions requiring the AAA to include objectives relating to providing services to older individuals with greatest economic needs, greatest social needs, at risk for institutional placement, low-income minority older individuals, with limited English proficiency, and in rural areas.
- The State included in its uniform area plan format targeting requirements to comply with statutory provisions.
- The State monitored and evaluated the AAAs previous year's targeting methods and outcomes.
- The State's Intrastate Funding Formula for allocating Title III funds included factors and appropriate weights which reflected the proportion among the planning and service areas of low income minority.
- Each AAA provided assurances that it will include in each agreement made with providers of any service under this title, a requirement that such provider will specify how the provider intends to satisfy the service needs of low income minority individuals.
- EOA compiles, assessed and finalized its annual targeting reports to the U.S. Administration on Aging.
- Rurality and isolated areas were given special consideration in the intrastate funding formula in allocating Title III funds.

EXPENDITURE PLAN

This part of the plan provides information on the existing and approved Intra-state Funding Formula (IFF); Title III allotment and allocations to PSA: 2008; previous year's expenditures for priority services; minimum percentage Title III Part B categories of services; and additional costs of providing services to older individuals in rural areas.

Existing and Approved Intra-state Funding Formula

The Executive Office on Aging is the designated State agency responsible for developing an Intrastate Funding Formula (IFF) to distribute Older Americans Act Title III funds to its planning and service areas. In September 2004, the Assistant Secretary for Aging, U.S. Administration on Aging, approved the Amendment to the Hawaii State Plan on Aging (2004-2007) relating to the IFF. The IFF reflected the best available data, used the criteria of the Older Americans Act, and was published for review and comment. The approved IFF stands today. The following is a description of Hawaii's IFF.

I. Goals.

The following goals were developed for Hawaii's IFF.

- 1) Follow OAA provisions and program instructions concerning intrastate funding formula development.
- 2) Distribute funds in a fair and equitable manner.
- 3) Consider the following distributions among PSAs:
 - a) all older adults
 - b) older adults with greatest economic need
 - c) older adults with greatest social need
 - d) older adults who are low income minorities
 - e) older adults living in rural areas
- 4) Assure timely responses to the dynamic changes in population characteristics occurring among PSAs by using the best available census data, while minimizing disruption in services to older persons in need.
- 5) Ensure open, adequate, and inclusive discussion on factors and their definitions, base amounts, and weights.

II. Assumptions.

In selecting factors, the EOA made the following assumptions.

Low income: Older persons with income at or below the poverty line have difficulty meeting the costs of basic daily life and health care.

Low income minority: Many low income minority persons disproportionately experience social and economic hardship or challenges.

Disabilities: Older persons with physical and mental disabilities, whatever the causes, require a variety of support services to remain independent in their own home or in the community.

Language barriers: Many elders who are unable to speak English or speak English “not well” may have limited access to information and services and may require additional support services.

Geographic isolation: Older persons who live in rural areas are often isolated from family and friends and formal support services. In addition, isolated areas may not have the service infrastructure to provide needed support services.

III. Application of the Definitions of Greatest Economic or Social Need.

The following are descriptions of greatest economic and social need as found in the OAA.

Greatest Economic Need (GEN):

The term “greatest economic need” means the need resulting from an income at or below the poverty line as defined by the Office of Management and Budget and adjusted by the Secretary for the U.S. Department of Health and Human Services (DHHS).

[OAA Section 102(27) and (38)]

Greatest Social Need (GSN):

The term “greatest social need” means the need caused by non-economic factors which include –

- (A) physical and mental disabilities;
- (B) language barriers; and
- (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that -
 - (i) restricts the ability of an individual to perform normal daily tasks; or
 - (ii) threatens the capacity of the individual to live independently.

[OAA Section 102(28)]

IV. Factors and Their Definitions.

The following factors and their definitions were chosen for Hawaii’s IFF

Older adults (OA): Individuals age 60 years and older.

Greatest Economic Need (GEN): Older adults with income at or below the DHHS 115% poverty level.

Low Income Minority (LIM): Older adults who are either African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, or Hispanic and in greatest economic need.

Greatest Social Need (GSN): Older adults with the following characteristics:

Disabilities (DA): Who have one or more disability.

Language Barrier (LB): Who speak English “not well” or “not at all”.

Geographic Isolation (GI): Who live in a rural area.

Inverse Population Density (IPD): An indicator of decreased service access and associated higher costs of delivering priority services in such areas. This uses the relationship of geographic size and total population.

V. Numerical Statement.

The following base amounts and weights were chosen for Hawaii’s IFF

	Part B	Part C1	Part C2	Part D	Part E
	Supportive Services	Congregate Meals	Home Delivered Meals	Disease Prevention and Health Promotion	Caregiver Support
Base amount	\$128,758	\$75,600	\$12,375	--	--
Factors					
OA	.25	.25	.25	--	.25
GEN	.30	.30	.30	.40	.30
LIM	.20	.20	.20	.20	.20
GSN	.20	.20	.20	.40	.20
DA	(.45)	(.45)	(.45)	(.45)	(.45)
LB	(.20)	(.20)	(.20)	(.20)	(.20)
GI	(.35)	(.35)	(.35)	(.35)	(.35)
IPD	.05	.05	.05	--	.05

Weighted Proportions.

After base amounts are granted, the following formula is used to calculate the proportion of the remaining funds each PSA will receive.

Parts B, C1, C2, and E

$$\text{Weighted proportion} = .25(pOA) + .30(pGEN) + .20(pLIM) + .20(pGSN) + .05(pIPD)$$

Part D

$$\text{Weighted proportion} = .40(pGEN) + .20(pLIM) + .40(pGSN)$$

Where

$$pGSN = .45(pDA) + .20(pLB) + .35(pGI)$$

and

p is the proportion a PSA has of a specific factor.

The following table shows the weighted proportions calculated using the data listed on page 8.

	PSA 1	PSA 2	PSA 3	PSA 4	TOTAL
Weighted proportions	KAEA	EAD	MCOA	HCOA	
Part B, C1, C2, E	7.0704%	64.3096%	12.0389%	16.5811%	100%
Part D	7.3031%	63.4714%	13.2453%	15.9802%	100%

VI. Descriptive Statement.

Part B.

Each PSA will receive a base amount of \$128,758.

The remainder of the funds will be distributed using the weighted proportions listed on the previous page.

Part C1.

Each PSA will receive a base amount of \$75,600.

The remainder of the funds will be distributed using the weighted proportions listed on the previous page.

Part C2.

Each PSA will receive a base amount of \$12,375.

The remainder of the funds will be distributed using the weighted proportions listed on the previous page.

Part D.

All funds will be distributed using the weighted proportions listed on the previous page.

Part E.

All funds will be distributed using the weighted proportions listed on the previous page.

VII. Demonstration of Allocation of Title III Funds to PSAs.

The following tables summarize the allocations to each PSA using the IFF.

FY 07 and beyond*	PSA 1	PSA 2	PSA 3	PSA 4	TOTAL
	KAEA	EAD	MCOA	HCOA	
Total	\$502,169	\$2,809,758	\$703,623	\$884,884	\$4,900,433
Part B	\$213,017	\$895,146	\$272,228	\$326,358	\$1,706,749
Part C1	\$155,975	\$806,659	\$212,456	\$264,091	\$1,439,180
Part C2	\$71,843	\$553,277	\$113,633	\$151,837	\$890,590
Part D	\$7,877	\$68,460	\$14,286	\$17,236	\$107,858
Part E	\$53,456	\$486,217	\$91,021	\$125,362	\$756,056
* The sum of Parts B-E figures may not add to total figures due to rounding.					

VIII. A Listing of Population, Economic, and Social Data Used.

Data used in the Hawaii IFF.

	PSA 1	PSA 2	PSA 3	PSA 4	TOTAL
Factors	KAEA	EAD	MCOA	HCOA	
OA ^{/1}	10922	158912	20719	27258	217881
GEN ^{/2}	1383	18412	2876	3804	26474
LIM ^{/2}	1067	15538	2122	2522	21249
GSN					
DA ^{/2}	4261	60780	8006	10650	83698
LB ^{/2}	934	19414	2355	1765	24469
GI ^{/2, 3}	10992	5920	16227	18363	51502
IPD					
Total population ^{/1}	59946	896019	134139	154794	1244898
Land area (square mile) ^{/4}	622.44	599.77	1172.41	4028.02	6422.64
Population density	96	1494	114	38	194
Inverse ranking	0.39902	0.02572	0.33588	1	1.76063
/1 U.S. Census Bureau, Population Estimates Branch, July 1 2002 estimates.					
/2 U.S. Census Bureau, Census 2000 Special Tabulation, updated with 2002 60+ estimates.					
/3 A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.					
/4 The State of Hawaii Data Book 2002					
* Figures may not add to totals due to rounded figures being used for this presentation. Figures used in IFF calculations are not rounded.					

IX. Additional Notes on the IFF and the Title III Expenditure Plan.

State Administrative and Title VII allocations.

The amount available for IFF allocation is calculated by subtracting from the State's total Title III grant \$500,000 for the State to carry out the purposes of Title III (applying OAA Section 308(b)) and \$45,000 to conduct an effective Ombudsman program under OAA Section 703(a)(9) (applying OAA Section 304(d)(1)(B)). Administrative funds for EOA will be taken from Part C1. Ombudsman funds will be taken from Part B.

Demonstration project allocations.

Pursuant to OAA Section 304(d)(1)(C), not less than \$150,000 and not more than four (4) percent of the amount allotted to the State for carrying out Part B, shall be available for conducting outreach demonstration projects under OAA Section 706. These funds shall be subtracted from the total Part B grant prior to IFF allocations to the PSAs, as demonstration projects become applicable.

Administration of Area Plans.

Not more than 10 percent of a PSA's total allocation of Parts B, C1, C2, and E funds, as determined by EOA, shall be available for paying not more than 75 percent of the cost of administration of approved area plans, in accordance with OAA Section 304(d)(1)(A).

Services for older adults residing in rural areas.

Pursuant to OAA Section 307(a)(3)(B)(i), with respect to the services for older individuals residing in rural areas, the State will spend, for each federal fiscal year, not less than the amount expended for such services for fiscal year 2000.

EXECUTIVE OFFICE ON AGING
TITLE III FUNDS ALLOTMENT AND ALLOCATION TO PSA
FISCAL YEAR 2008

FUND SOURCES	AUTHORIZED AMOUNT	STATE AGENCY ALLOCATION	NET ALLOC. SUBJECT TO 10% ADM.	STATE OMBUDSMAN ALLOCATION	NET PSA ALLOTMENT (AAA)	BASE GRANT	IFF ALLOCATION	KAUAI	HONOLULU	MAUI	HAWAII
SUPPORTIVE SERVICES PART B	\$1,735,445	\$0	\$1,735,445	\$45,000	\$1,690,445	\$515,032	\$1,175,413	\$211,885	\$884,661	\$270,265	\$323,654
CONGREGATE MEALS PART C1	\$1,974,649	\$500,000	\$1,474,649	\$0	\$1,474,649	\$302,400	\$1,172,249	\$158,483	\$829,468	\$216,726	\$269,972
HOME DELIVERED MEALS PART C2	\$932,110	\$0	\$932,110	\$0	\$932,110	\$49,500	\$882,610	\$74,779	\$579,978	\$118,632	\$158,721
FAMILY CAREGIVER SUPPORT PART E	\$773,027	\$0	\$773,027	\$0	\$773,027	\$0	\$773,027	\$54,656	\$497,131	\$83,064	\$128,176
PREVENTIVE HEALTH PART D	\$105,930	\$0	\$105,930	\$0	\$105,930	\$0	\$105,930	\$7,736	\$67,235	\$14,031	\$16,928
TOTAL AUTHORIZED ALLOTMENT AND ALLOCATION	\$5,521,161	\$500,000	\$5,021,161	\$45,000	\$4,976,161	\$886,932	\$4,109,229	\$507,519	\$2,858,473	\$712,718	\$897,451
AAA RATE OF ADMINISTRATION (1)								10%	10%	10%	10%
BREAKDOWN OF ALLOTMENT AND ALLOCATION											
ADMINISTRATION PSA					\$497,617			\$50,752	\$285,847	\$71,272	\$89,746

For Area Agencies on Aging allocation plans, see Appendix C.

Previous Year's Expenditures for Priority Services

In accordance with the Older Americans Act (Section 306(a)(2)) the Area Agencies on Aging are disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

Kauai Agency on Elderly Affairs

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	31,839	111,332	53%
In-Home	10,614	66,694	32%
Legal	42,452	91,082	43%
Title III Part B TOTAL	84,905	269,108	

Elderly Affairs Division

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	314,654	301,077	26.4%
In-Home	215,762	179,863	15.8%
Legal	130,970	125,884	11.1%
Title III Part B TOTAL	661,386	606,824	53.3%

Maui County Office on Aging

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	161,931	169,827	
In-Home	4,995	30,000	
Legal	32,865	54,000	
Title III Part B TOTAL	199,791	253,827	

Hawaii County Office of Aging

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	363,792	339,683	78.7%
In-Home	5,000	4,558	1.1%
Legal	62,515	61,247	14.2%
Other	53,441	26,050	6%
Title III Part B TOTAL	484,748	431,538	

Minimum Percentages

For the duration of the Area Plan, the AAA assure that the following minimum percentages of funds received for title III-B will be expended to provide each of the following categories of services, as specified in OAA, Section 306(a):

Categories of Services	Kauai Agency for Elderly Affairs	Elderly Affairs Division	Maui County Office on Aging	Hawaii County Office of Aging
Access	15	22	32	30
In-Home	5	10	1	1
Legal	20	10	7	9
Total Percent	40	42	40	40

Additional Costs of Providing Services to Rural Areas

Area Agency on Aging	FY 2006 Actual Costs	Projected Costs
Kauai Agency on Elderly Affairs		
Elderly Affairs Division	295,658	260,789
Maui County Office on Aging	50,792	53,331
Hawaii County Office of Aging	897,885	897,451

EVALUATION PLAN

The EOA required all AAA to develop and implement an evaluation plan of their respective Area Plans. The evaluation plan is based on the stated goals and objectives as described in the Area Plan. EOA required AAA to have plans that consisted of process and outcome evaluations to determine:

Process evaluation:

1. To what extent were the stated activities met?
2. Who and how many were served?
3. To what extent were the targeted populations served?
4. To what extent were the services utilized?
5. How does current performance compare to previous performance?

Outcome evaluation:

6. To what extent were the stated objectives met?
7. How satisfied were the clients with the services provided?
8. To what extent were there changes in the clients' knowledge, attitude, and behavior?
9. How successful were the services in terms of cost-benefit?

The AAA drafted program logic models for each stated goal. The models identified anticipated/intended resources, activities, outputs, outcomes and measures, and data collection tool.

The evaluation will be conducted through the use of uniform survey instruments developed by the EOA and the AAA. The AAA are expected to submit an Annual Cumulative Area Plan Evaluation Report to the EOA. This narrative report will be based on data gathered from the evaluation conducted according to the evaluation plan as well as other reports listed in the Federal and State Reporting Requirements for AAAs.